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SPECIAL EDUCATION STRATEGIES IN CEREBRAL PALSY

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ABSTRACT

Raising a child with cerebral palsy can be a complex experience for any parents. The core components of the longitudinal management of motor disabilities include timely family centered care, family involvement of therapeutic process, maximization of functional independence and support of transition to adult medical care. Cerebral palsy is a condition distinguished primarily by its physical impairments arise from early brain damage, there also are risks for learning difficulties associated with the underlying brain atypicalities. Children with cerebral palsy may also have other types of impairments and conditions including speech difficulties, sensory impairments (e.g., vision difficulties), seizure disorders, pain and fatigue that can have significant effects on their ability to learn and succeed in the traditional academic setting. For this reason, appropriate educational services and support are critical in promoting quality of life and independence for these children. special education services begin at age 3 years. Special education is the practice of educate and trained in a way that accommodates their individual differences, disabilities, and special needs to achieve a higher level of personal self-sufficiency and success in school and their community. Special education services are guided by the Individuals with Disabilities Education Act (IDEA), the federal law that delineate the requirements for school districts to provide educational services and support to children with disabilities. **Aim and objective:** 1. To provide accommodated education for disable students 2. To benefit forms additional educational services such as different approaches to teaching and the use of technology. **Material and Methods:** literatures available through textbooks, journals and digital media. **Conclusion:** Developmental education is to identify the presence of specific developmental-behavioural diagnosis, to determine the severity and possible long-term prognosis, and to initiate specific educational interventions. Special education has a positive impact on cerebral palsy patient by providing them with the tools and support they need to succeed in school and in life. Also, Special education can help disable cerebral palsy patient with a variety of support including emotional, behaviour and academic, which helps to live with better quality of life.

KEYWORDS: Cerebral palsy, Special education, Disability.

INTRODUCTION

Raising a child with cerebral palsy can be a complex experience for any parents. The core components of the longitudinal management of motor disabilities include timely family cantered care, family involvement of therapeutic process, maximization of functional independence and support of transition to adult medical care. Cerebral palsy is a condition distinguished primarily by its physical impairments arising from early brain damage, there also are risks for learning difficulties associated with the underlying brain atypicalities. Children with cerebral palsy may also have other types of impairments and conditions including speech difficulties, sensory impairments (e.g., vision difficulties), seizure disorders, pain and fatigue that can have significant effects on their ability to learn and succeed in the traditional academic setting. For this reason, appropriate educational services and support are critical in promoting quality of life and independence for these children.

AIM AND OBJECTIVE

1. To provide accommodated education for disable students
2. To benefit forms additional educational services such as different approaches to teaching and the use of technology.

MATERIAL AND METHODS

Literatures available through textbooks, journals and digital media.

Role of primary care paediatrics medical provider

Role of primary care paediatrics medical provider can be pivotal, not only in the medical outcomes for a child with special needs, but in the child's education outcomes as well. The primary care podiatric medical provider can be both a source of information and advocacy for children and their families and an expert resource for educational staff to understand complex medical conditions, treatment plan and their integration with educational services from preschool through adolescence.

Special education

- Who requires special education: Children with neurodevelopmental disabilities, in particular, typically have chronic, lifelong conditions that will need varying degrees of interventions and treatment.
- Red flags for pre-school aged children – High risk Neurobiological (e.g. prematurity)or Psychosocial (teenaged parents, maternal depression, poverty) conditions, New Medical or Developmental diagnosis, Failure to attain developmental milestones as expected and associated maladaptive behaviours.

Key concept of special education

- Children who have or are suspected developmental delays, learning problems, sensory deficits such as hearing or visual impairment or health conditions that affect their ability to learn may be eligible for special education services.
- Begin at age 3 years.
- Special education services are guided by IDEA (Individual with Disabilities Education Act)
- Special education law is that all children regardless of their disabilities, have the rights to a free and appropriate public education in the least restrictive environment.
- This may include half- day or full-day pre-school in a classroom setting with a low student to teacher ratio (4:1).
- Special education is available to children with disabilities through the age of 21 years, and for adolescents, a plan for transitioning to postsecondary services that are appropriate for the adolescent's developmental level should be included in IEP.(Individual Education Programme)

Basic provisions of IDEA (Individuals with Disability Education Act)

1. Find and identify students who have disability.
2. Involve parents in decision making.
3. Evaluate students in a non-discriminatory way.
4. Develop an individual education programme (IEP) for each eligible student.
5. Provide special instruction and supplementary aids and services.
6. Maintain education records and file.

Children qualify for special education service under the following 13 educational classifications

1. Autism
2. Deafness
3. Deaf-blindness
4. Emotional disturbance
5. Hearing impairment
6. Intellectual disability
7. Multiple disabilities
8. Orthopaedic impairment
9. ADHD
10. Specific learning disabilities including Dyslexia,Dysgraphia,Dyscalculia,Non-verbal disability
11. Speech or language impairment
12. Traumatic brain injury
13. Visual impairment.

Cerebral palsy not listed explicitly under these qualifications, a child with cerebral palsy can qualify under various categories that would allow them to enrol cerebral palsy in systemic education.

How to request /enrol special education

Parent who has a concern about their child's development in one or more developmental domains or about their child's academic progress have the right under IDEA to request a full individual evaluation of their child.

Parents FIE (Full Individual Evaluation) in writing to the school principal (in letter –child full information, diagnosis or results from any outside evaluation that the child may have completed

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Send to district school

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In 45 school days in which to complete FIE (With parent or caregiver interview, observation of child, cognitive testing, speech evaluation, finemotor evaluation hearing and vision testing)

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After FIE meeting with evaluation team and the family member (Individualised education meeting programme)

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Then recommended what type of services needed to child Special education.

Services may be based on child's evaluation and identified needs, these may include

1. Speech /language therapy
2. Occupational therapy
3. Physical therapy
4. Behavioural therapy
5. Specialized services for hearing or visual therapy

CONCLUSION

1. Developmental education is to identify the presence of specific developmental-behavioural diagnosis, to determine the severity and possible long-term

prognosis, and to initiate specific educational interventions. Special education has a positive impact on cerebral palsy patient by providing them with the tools and support they need to succeed in school and in life. Also, Special education can help disable cerebral palsy patient with a variety of support and training including emotional, behaviour and academic, which helps to live with better quality of life. So, it can be concluded that, developmental screening and evaluation measures, provides the best opportunity for earlier identification and earlier intervention, with the ultimate goal of improved long term developmental –behavioural outcomes.

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